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COMMONWEALTH OF MASSACHUSETTS

DEPARTMENT OF MENTAL HEALTH

EQUITY ANALYSIS

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Department of Mental Health
A Report on the Distribution of Funds Across the Department of Mental Health
October 1, 1996

Equitable funding across geographic areas for mental health services is a priority of the Department of Mental Health (DMH). Since 1990, when a task force developed prevalence estimates for the number of long term, seriously mentally ill adults in each Area, DMH has increasingly focused its attention on the amount of funding and resource utilization by geographic region for the care of the mentally ill. DMH's goal is to achieve statewide equity without a concomitant reduction in services.

THE HISTORY

The historical funding level of Areas was influenced by several factors apart from equity. These factors included: (1) the Department's account structure; (2) the federal Community Mental Health Center Act; (3) the federal block grant for mental health and substance abuse services; and (4) the restructuring of appropriation accounts.

DMH's Account Structure:

Before 1987, each area had a separate appropriation account and lobbied for increases in appropriations as needs were identified. The strength of the Areas' legislative efforts and their respective legislative delegations usually determined the amount of funding received. At that time, there were forty (40) Areas with seven (7) Regional Offices overseeing their operations. The Regional Offices also had their own separate administrative accounts.

In the late 1970s, DMH services were primarily facility-based operations with state staff assigned to the outpatient clinics of private non-profit corporations under a Partnership Clinic Agreement or state operated community mental health centers, such as Brockton, Quincy, and the centers in Boston. New funds for the expansion of the service system were appropriated by the Legislature to augment outpatient clinic services. These new appropriations were allocated in statewide accounts and the Department distributed these funds to the Areas based on citizen advocacy at the local level. No equity formula was applied in the distribution process.

The Federal Community Mental Health Center Act:

In the 1970s, the federal government began funding state applications for mental health services under the Community Mental Health Center Act and subsequent federal grant programs. The Areas and individual private, non-profit agencies that were most proactive in applying for these grants received substantial funding to establish comprehensive community mental health centers. Essentially, the Areas worked with local non-profit

corporations to plan and develop services and then supported the grant submissions of the entities to the federal government. The funding of these grants came to the Department and were earmarked for the specific non-profit corporations specified by the Areas.

These were eight (8) year grants funded on a bell curve. The federal contribution usually peaked in the third or fourth year and then began to decline to the point where there was no additional funding available. The Commonwealth appropriated funds to make up for the shortfall in federal contributions for these services. In other cases, the federal government appropriated funds to construct state mental health centers and the services rendered by them; examples are the Erich Lindemann Mental Health Center and the Brockton Multi-Service Center.

The Federal Block Grant:

In the early 1980s, the federal government discontinued direct appropriations to community mental health centers and created the block grant formula. All federal Community Mental Health Center Act grants were placed in block grants to the states. The federal government required the states to maintain the same funding levels for these CMHCs even though it appropriated 35% less than was needed to accomplish it.

The Restructuring of Appropriation Accounts:

The Department implemented account restructuring in FY'87 with the goal of increasing control over the distribution of funds among the Areas. Funds were placed in accounts by population served: mental retardation services, adult mental health services, children's services, forensic mental health services, state hospitals, and state operated community mental health services. Earlier, the Department was managing eighty (80) accounts; forty (40) were used for payroll processing.

State legislation was also approved to split the Department into two separate agencies, the Department of Mental Health and the Department of Mental Retardation. The creation of statewide "mega accounts" was necessary to accommodate the split. After the agencies were separated, the concept of equity emerged at DMH.

Historically, funding Area needs and services had never been based on need. Rather, it was based on the other factors enumerated above. What became clear was that there was a substantial disparity in the funding available to Areas.

EQUITY

In the late 1980s, the Department began to review funding levels in its Areas. An analysis of the funding levels and a formula to determine relative need were essential to

devise an equity process. The concept of funding Areas based on a per capita formula did not account for some of the socio-demographic variables that would influence need.

This analysis was completed and Areas were ranked in terms of need. Enclosed is a copy of the current formula with an explanation of how it was derived (see **chart - adjustments to FY'98 resources).**

In the late 1980s and early 1990s, the Department incurred significant budget reductions. Projected prevalence data of adults with serious mental illness was used to allocate these reductions proportionately to the Areas. Although every Area budget was reduced, there was an effort made to begin to apply an equity formula to the process. Significant constituent advocacy affirmed that no Area was overfunded; rather, some were more underfunded than others. Therefore, the advocacy from the constituents was focused on correcting the funding disparity over time based on the allocation of any budget reductions to higher funded Areas. Several years later, the allocation of additional resources recognized Areas with lower funding per planning population. For example, the distribution of funds from the current DMH/Medicaid acute care initiative was based on increasing low funded Areas within the Department.

THE FUTURE

DMH is committed to achieving resource equity across its Area-based service system. Achieving such equity is a continuous process. The agency is examining its overall system and redirecting available resources from within without implementing service reductions. The future requires the Legislature and DMH to work in partnership to address the equitable funding of the mental health service system throughout the Commonwealth.

ATTACHMENTS

Chart - Historical Reference on Resources per Adult Planning Population FY'96 through FY'98

Definition of Terms

Fiscal Year 1998 Equity Analysis

- Adjustments to FY'98 Resources
- Distribution of FY'98 5095-0000 Resources Utilizing Bed Days
- 5051-0100 Distribution of Resources Based on Expenditures by Program Code
- Chart - Total Area Resources vs. Adjusted Resources
- Chart - Adult Planning Population/Resources per Adult Population/Total Adjusted Resources

Fiscal Year 1997 Equity Analysis

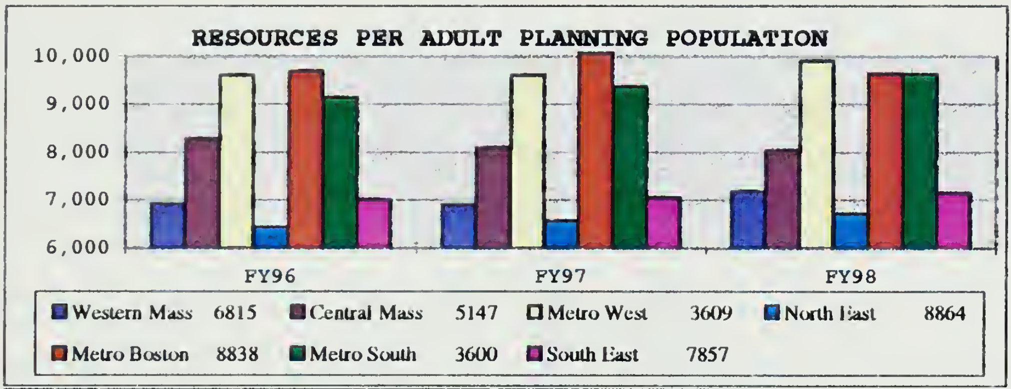
- Adjustments to FY'97 Resources
- Distribution of FY'97 5095-0000 Resources Utilizing Bed Days
- 5051-0100 Distribution of Resources Based on Expenditures by Program Code

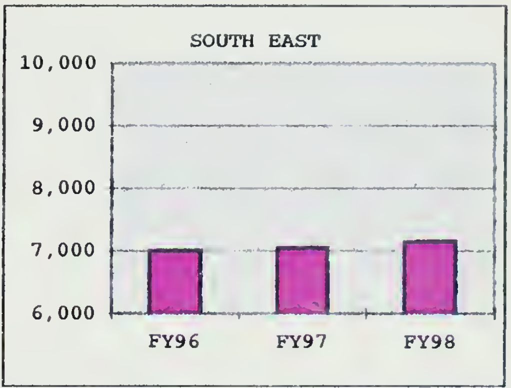
Equity Analysis Program Profile of Spending Statewide/Area

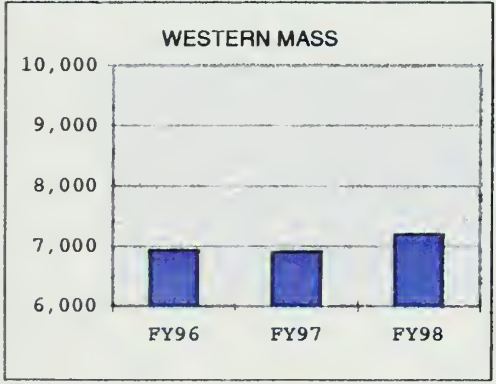
- Chart - Statewide Comparison of FY'97 and FY'98
- Chart - FY'97 and FY'98 Program Profile by Area

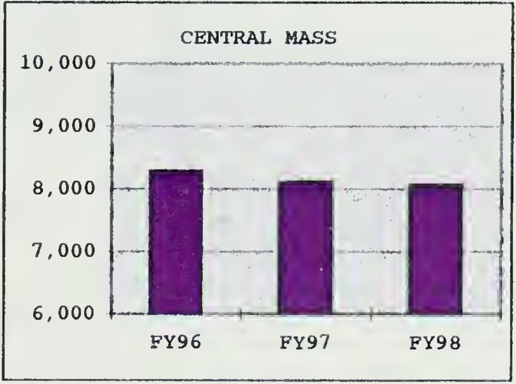
Resources Per Adult Planning Population

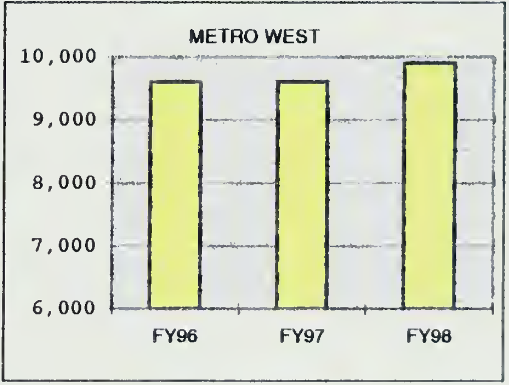
AREA - ADULT PLANNING POPULATION	FY96	FY97	FY98
Western Mass 6815	6,918	6,902	7,196
Central Mass 5147	8,281	8,105	8,053
Metro West 3609	9,609	9,602	9,909
North East 8864	6,431	6,570	6,725
Metro Boston 8838	9,688	10,071	9,636
Metro South 3600	9,134	9,357	9,626
South East 7857	7,012	7,055	7,153

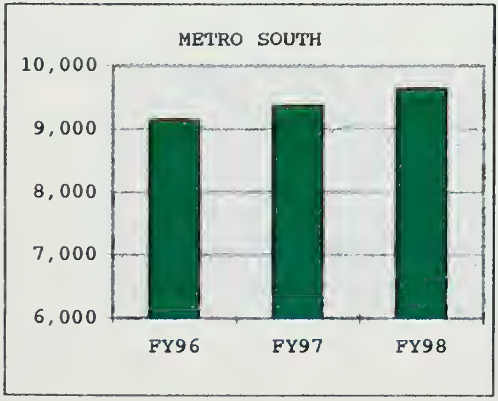


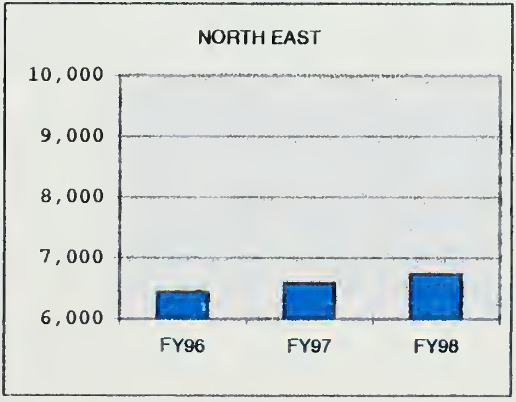


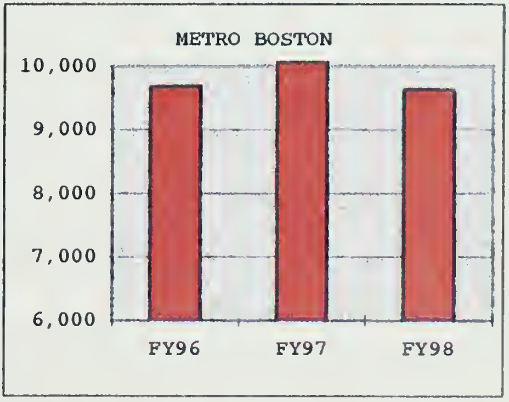












Equity Analysis

Glossary of Terms

Definition of Column Headings
for
Adjustments to Resources

Intent of Restructuring Resources - Resources are restructured to allow the Department to calculate a resource amount per adult planning population. This number provides a tool to the Department by which it can fairly base resource decisions. In this manner, the extent of an increase or decrease an Area receives is resolved by the amount of resources that Area has available or has utilized to provide services to the adult planning population in relation to the other Areas.

Adult Planning Pop

The adult planning population reflected in this column represents the Department's 1993 prevalence estimate for the number of long term or seriously mentally ill adults in each Area. The prevalence estimate is based upon demographic information from the 1990 federal census.

Total FY98 Funding for Equity Purposes

This column represents the FY98 maintenance level of funding contained in the Department's FY97 Spending Plan/FY98 Maintenance request, less any resources appropriated for the Department of Medical Assistance (DMA) Inter-Agency Service Agreement, other minor statewide infrastructure cost, and the choice rent receipt appropriation (5046-4000).

The total resources reflected in FY97 Adjustment worksheet represent the House One level of funding prior to allocation decisions and other adjustments being included.

State Operated DEP Resources

This column reflects the FY97 sub-contracts to state operated programs, annualized personnel cost, and lower subsidiary cost attributed to designated emergency programs (DEP). These resources are excluded to put all Area resources on the same programmatic level due to the DMA initiative (which shifted emergency and acute inpatient services to DMA).

Note that in the FY97 Adjustment worksheet, the DEP resources reflect FY95 expenditures.

Ch/Adol Account - 5042-5000

The FY98 resources from the 5042-5000 (child and adolescent services appropriation) are excluded in order to drive a per planning number for each Area that is based on the adult planning population.

FY97 ch/adol resources not in 5042-5000

This column represents the FY97 contracts and annualized personnel cost attributed to children and adolescent services funded in any state appropriation (other than the children's account), including the federal block grant (5012-9129), and the trust funds. These resources are excluded in order to drive a per planning number for each Area that is based on the adult planning population

Note that the child/adolescent resources reflected in the FY97 Adjustment worksheet represents the FY95 contracts attributed to these services funded in the federal block grant (5012-9129).

5051-0100 - State Operated Acute Inpatient Resources

This column reflects those resources identified as funding acute inpatient resources in the 5051-0100 (community mental health center appropriation). These resources are excluded in order to be consistent with the DMA initiative (which shifted emergency and acute inpatient services to DMA).

By analyzing each community mental health centers FY96 expenditure by program code, resources are broken out by inpatient, facility support, and ancillary services. Fifty percent (50%) of those expenditures coded to facility support and ancillary services are attributed to the inpatient and are thus excluded, as well as 100% of the inpatient resources. The only exceptions being Solomon and Bay Cove. All of Solomon's resources are being attributed to the Northeast Area's continuing care resources while seventy-six percent of Bay Cove's inpatient resources are being attributed to Metro Boston's continuing care resources.

Hosp Accounts - 5042-1000, 5055-0000, 5095-0000

The total allocated resources to the state hospitals in the 5042-1000, 5055-0000, and 5095-0000 accounts are contained within this column. These resources are deducted in order to be added back based on each Area's actual FY96 utilization of inpatient services.

5095-0000 - Admin and Comm Cost (FY96 Expen)

Each state hospital's FY96 expenditure is summed to the following categories: inpatient, ancillary, administration, community, and facility support. Facility support is considered a fix cost and not attributed to any Area. The administration and community resources are given to the Area where the facility is based.

5095-0000 - Utilization of inpt resources by FY96 Beddays

This column represents the costs associated with the number of bed days utilized by each area. Inpatient and ancillary resources spent to support inpatient stays (determined by FY96 expenditures) are divided by the total number of bed days utilized in FY96, and the cost is apportioned to each Area who had patients hospitalized in a specific facility. (Beddays associated with the child and adolescent units at Taunton and Westboro State Hospitals are excluded from these computations.)

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Fiscal Year 1998

Equity Analysis

Adjustments to FY98 Resources

FY98 Resources - FY98 Maintenance

Area	Adult Planning Pop	Total FY98 Funding for Equity Purposes	State Operated DEP Resources	Ch/Adol Account 5042-5000	FY97 ch/adol resources not in 5042-5000	5051-0100* State Operated Acute Inpatient Resources	Hosp Accounts 5042-1000 5055-0000 5095-0000	Admin and Comm Cost (FY96 Expen)	Utilization of inpatient resources by FY96 Beddays	Total Adj Resources	Resources Per Adult Planning Pop
MW	3,609	50,348,005	0	(4,122,508)	(116,077)	0	(23,905,301)	2,310,506	11,247,209	35,761,835	9,909
MB	8,838	102,372,604	0	(5,319,791)	(2,118,211)	(14,632,017)	0	0	4,862,867	85,165,451	9,636
MS	3,600	44,719,787	0	(2,817,843)	(367,603)	(1,784,071)	(19,394,557)	2,883,394	11,414,708	34,653,815	9,626
CM	5,147	54,042,355	0	(4,220,452)	(535,138)	0	(24,504,815)	3,185,652	13,479,187	41,446,789	8,053
WM	6,815	56,915,763	0	(9,022,244)	(115,732)	0	(100,743)	0	1,363,992	49,041,036	7,196
SE	7,857	78,183,671	(5,184,822)	(4,605,466)	(962,223)	(3,874,155)	(20,781,629)	1,509,836	11,916,645	56,201,857	7,153
NE	8,864	64,447,711	0	(6,509,317)	(541,527)	0	(13,961,380)	2,286,165	13,891,753	59,613,405	6,725
Grand Total	44,730	451,029,896	(5,184,822)	(36,617,621)	(4,756,510)	(20,290,243)	(102,648,425)	12,175,553	68,176,361	361,884,188	

*5051-0100 inpatient resources reflect the FY96 resources expended for hospital inpatient and
50% of those resources expended in FY96 for the ancillary support and facility support program codes
Other adjustments include attributing 76% of Bay Cove 5051 inpatient resources to Metro Boston's continuing care resources and attributing 100% of Solomon's 5051 inpatient resources to Northeast' continuing care resources.

In addition to the 5095-0000, hospital resources distributed by bedday utilization include the 5042-1000 (FY98 allocation: $1,522,416) and the 5055-0000 (Central Mass FY98 allocation: $664,856).

Distribution of FY98 5042-1000, 5055-0000, and 5095-0000 Resources utilizing Adult FY96 Beddays*

			4203 WORCESTER	4401 WESTBORO	4503 TEWKSBURY	4704 MEDFIELD	4801 TAUNTON	total
	Inpatient Resource Utilization		15,476,661	14,919,769	11,521,668	11,444,301	14,855,316	68,217,714
	$ per bedday		$ 245	$ 223	$ 198	$ 200	$ 240	
2100	WESTERN MASS	bedday utilization	2,999	1,162		67	1,486	5,714
		cost	$734,697	$259,354	$0	$13,392	$356,549	$1,363,992
2200	CENTRAL MASS	bedday utilization	53,843	619		483	225	55,170
		cost	$13,190,500	$138,158	$0	$96,542	$53,986	$13,479,187
2400	METRO WEST	bedday utilization	3,688	44,223	382	893	913	50,099
		cost	$903,489	$9,870,403	$75,761	$178,492	$219,064	$11,247,209
2500	NORTHEAST	bedday utilization	1,601	2,076	57,215	1,751	5,580	68,223
		cost	$392,214	$463,355	$11,347,337	$349,989	$1,338,857	$13,891,753
2600	METRO BOSTON	bedday utilization	827	5,626	497	12,641	3,248	22,839
		cost	$202,599	$1,255,701	$98,569	$2,526,677	$779,320	$4,862,867
2700	METRO SOUTH	bedday utilization	174	12,411		40,437	2,165	55,187
		cost	$42,627	$2,770,087	$0	$8,082,528	$519,467	$11,414,708
2800	SOUTHEAST	bedday utilization	43	605		984	48,239	49,871
		cost	$10,534	$135,034	$0	$196,681	$11,574,396	$11,916,645
	child/adol			0			0	0
			$0	$0	$0	$0	$0	$0
9999	Area of tie unknown			124			57	181
			$0	$27,676	$0	$0	$13,676	$41,353
	TOTAL Beddays		63175	66846	58094	57256	61913	307284
	Average Daily Census		173	183	159	157	170	842

	WORCESTER	WESTBORO	TEWKSBURY	MEDFIELD	TAUNTON	total
FY98 Maintenance	$24,504,815	$23,905,301	$13,961,380	$19,394,557	$20,781,629	$102,547,682
admin/comm (FY96 cost)	($3,185,652)	($2,310,506)	($2,286,165)	($2,883,394)	($1,509,836)	($12,175,553)
facility support (FY96 cost)	($5,842,502)	($6,675,026)	($153,547)	($5,066,862)	($4,416,478)	($22,154,415)
total inpt and ancillary costs	$15,476,661	$14,919,769	$11,521,668	$11,444,301	$14,855,316	$68,217,714

*FY96 Beddays - Facility resources distributed by program code based on year end FY96 expenditures

5051-0100 Distribution of Resources
Based on Expenditures by Prog Code

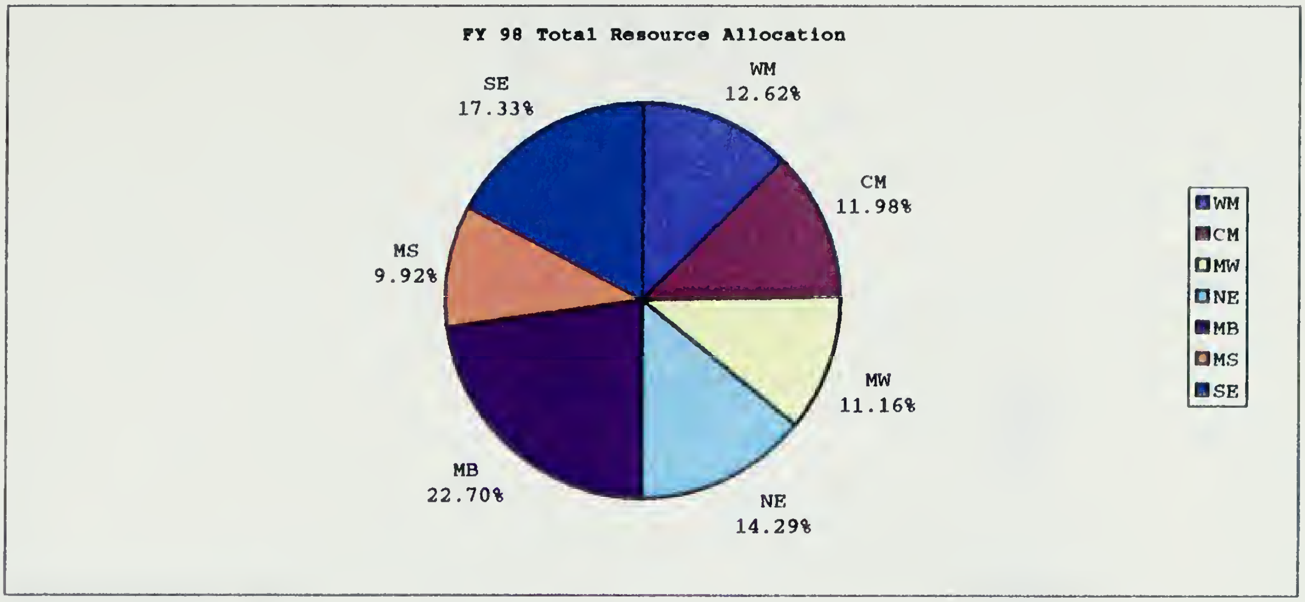
Distribution of CMHC Resources for FY98 5051-0100 Account

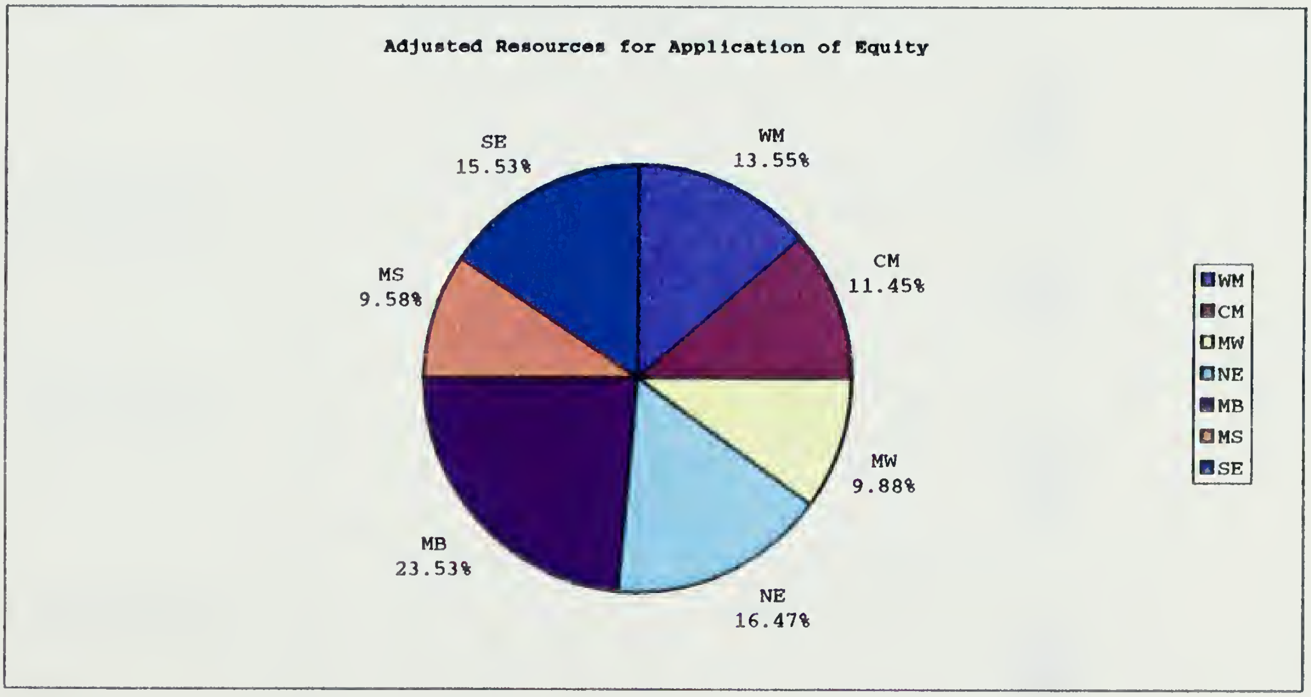
Approp	Org	Name	Inpatient Costs (A)	Ancillary Costs (B)	Facility Support Costs (C)	Adj Ancillary Costs (D)	Adj Fac Support Costs (E)	Total (A+D+E)	State Operated Acute Inpatient Resources*
50510100	2510/2511	Solomon MHC	$1,335,848	$158,962	$1,199,104	$79,481	$599,552	$2,014,881	$0
50510100	2630/2631	Solomon Carter Fuller	$2,632,616	$203,015	$2,847,297	$101,508	$1,423,649	$4,157,772	$4,157,772
50510100	2640/2641	Lindemann MHC	$2,959,684	$942,015	$912,293	$471,008	$456,147	$3,886,838	$3,886,838
50510100	2650/2651	Mass MHC	$1,398,374	$934,834	$2,932,147	$467,417	$1,466,074	$3,331,865	$3,331,865
50510100	2660/2661	Bay Cove CMHC	$7,460,395	$776,515	$327,865	$388,258	$163,933	$8,012,585	$2,342,685
50510101	2600/2601	Metro Boston	$822,439	$89,809	$91,028	$44,904	$45,514	$912,857	$912,857
50510100	2761	Quincy MHC	$1,313,381	$451,641	$489,739	$225,821	$244,870	$1,784,071	$1,784,071
50510100	2851	Corrigan MHC	$1,649,653	$224,726	$774,913	$112,363	$387,456	$2,149,473	$2,149,473
50510100	2971	Pocasset MHC	$1,438,671	$179,330	$392,692	$89,665	$196,346	$1,724,682	$1,724,682
50510101	2800	Southeast		$0	$0	$0	$0	$0	$0
			$21,011,061	$3,960,848	$9,967,078	$1,980,424	$4,983,539	$27,975,025	$20,290,243

	Adj by Area
Northeast	$0
Metro Boston	$14,632,017
Metro South	$1,784,071
Southeast	$3,874,155
	$20,290,243

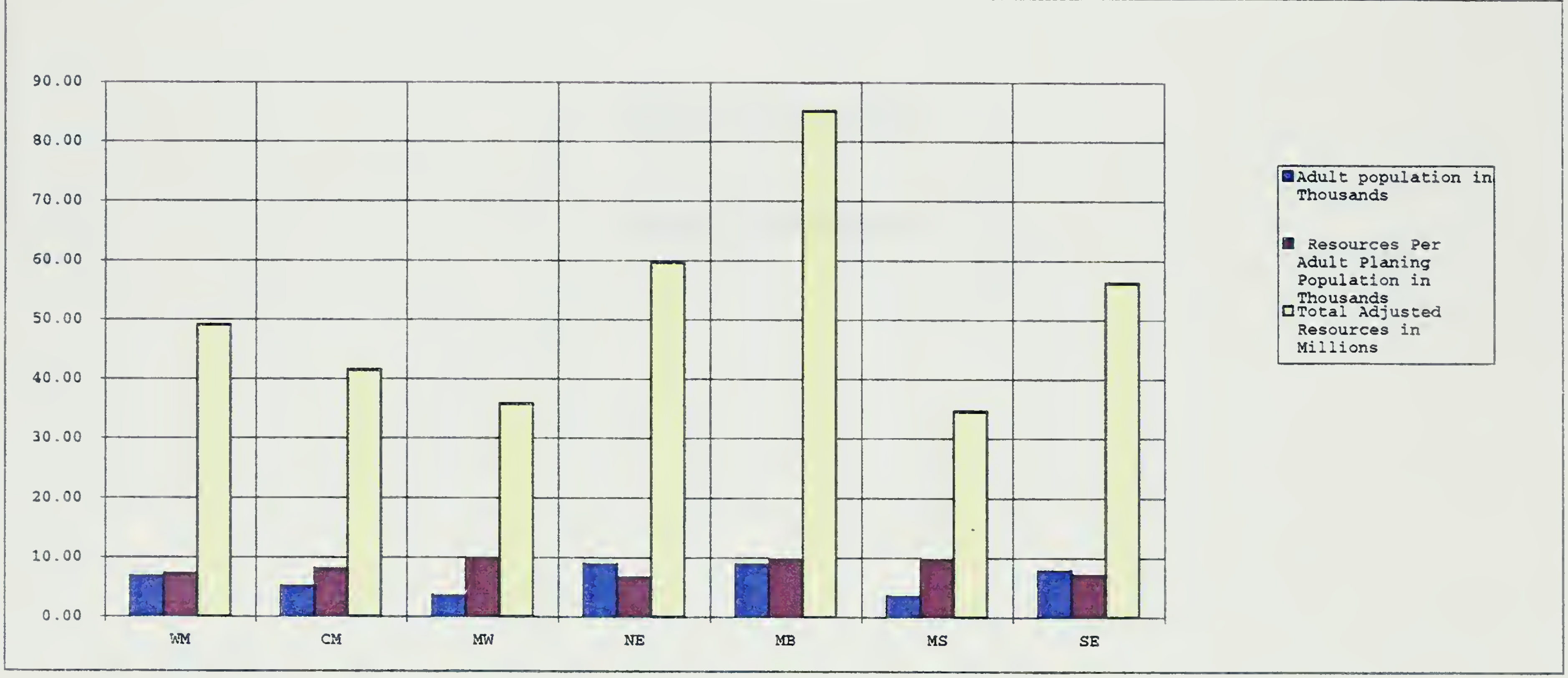
* Note: Acute costs of CMHC's are not used in the calculation of continuing care inpatient resources. Some costs for Bay Cove MHC and all the costs for Solomon MHC are classified as continuing care.

Total Area Resources vs Adjusted Resources





Area	Adult population	Resources Per Adult Planing Population	Total Adjusted Resources
WM	6,815	$7,196	$ 49,041,036
CM	5,147	$8,053	$ 41,446,789
MW	3,609	$9,909	$ 35,761,835
NE	8,864	$6,725	$ 59,613,405
MB	8,838	$9,636	$ 85,165,451
MS	3,600	$9,626	$ 34,653,815
SE	7,857	$7,153	$ 56,201,857
			$ 361,884,188



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Fiscal Year 1997

Equity Analysis

Adjustments to FY97 Resources

Sum of HSE1 Prior to Adjustments

Area	Adult Planning Pop	Total FY97 Funding for Equity Purposes	State Operated DEP Resources	Ch/Adol Account 5042-5000	FY95 ch/adol resources in Block Grant	5051-0100* State Operated Acute Inpatient Resources	Hosp Accounts 5042-1000 5055-0000 5095-0000	Admin and Comm Cost (FY95 Expen)	Utilization of Inpatient Resources by FY95 Beddays	Total Adjusted Resources	Resources Per Adult Planning Pop
MB	8,838	103,440,956	0	(5,850,132)	(417,887)	(13,892,558)	0	0	5,727,747	89,008,126	10,071
MW	3,609	50,108,454	0	(4,507,156)	(155,521)	0	(23,440,404)	1,769,672	10,879,985	34,655,030	9,602
MS	3,600	43,813,321	0	(2,819,655)	(235,495)	(1,789,991)	(18,651,339)	3,018,197	10,348,486	33,683,524	9,357
CM	5,147	53,776,849	0	(4,369,147)	(422,060)	0	(25,314,258)	3,142,809	14,904,641	41,718,834	8,105
SE	7,857	76,514,854	(5,073,058)	(4,189,700)	(694,525)	(4,113,804)	(20,699,626)	1,520,069	12,167,696	55,431,906	7,055
WM	6,815	55,412,346	0	(9,308,247)	(75,736)	0	(100,743)	0	1,112,698	47,040,318	6,902
NE	8,864	61,806,042	0	(5,892,082)	(284,487)	0	(13,799,484)	2,264,173	14,142,375	58,236,537	6,570
Grand Total	44,730	444,872,822	(5,073,058)	(36,936,119)	(2,285,711)	(19,796,353)	(102,005,854)	11,714,920	69,283,628	359,774,275	

*5051-0100 inpatient resources reflect the FY95 resources expended for hospital inpatient and 50% of those resources expended in FY95 for the ancillary support and facility support program codes
Other adjustments include attributing 76% of Bay Cove 5051 inpatient resources to Metro Boston's continuing care resources and attributing 100% of Solomon's 5051 inpatient resources to Northeast' continuing care resources.

In addition to the 5095-0000, hospital resources distributed by bedday utilization include the 5042-1000 (FY97: $1,523,998) and the 5055 0000 (Central Mass FY97: $675,561).

Distribution of FY97 5042-1000, 5055-0000, and 5095-0000 Resources utilizing Adult FY95 Beddays*

			4203 WORCESTER	4401 WESTBORO	4503 TEWKSBURY	4704 MEDFIELD	4801 TAUNTON	total
	Inpatient Resource Utilization		16,662,507	15,595,416	11,422,082	10,629,013	15,064,941	69,373,959
	$ per bedday		$ 241	$ 217	$ 189	$ 175	$ 231	
2100	WESTERN MASS	bedday utilization	2,688	769	21	0	1,276	4,754
		cost	$647,799	$166,755	$3,973	$0	$294,170	$1,112,698
2200	CENTRAL MASS	bedday utilization	59,958	971	72	409	690	62,100
		cost	$14,449,676	$210,558	$13,623	$71,710	$159,073	$14,904,641
2400	METRO WEST	bedday utilization	3,429	44,428	365	709	981	49,912
		cost	$826,377	$9,634,076	$69,062	$124,309	$226,161	$10,879,985
2500	NORTHEAST	bedday utilization	1,467	3,286	58,501	2,661	6,683	72,598
		cost	$353,542	$712,559	$11,069,015	$466,552	$1,540,706	$14,142,375
2600	METRO BOSTON	bedday utilization	1,149	7,012	1,172	16,484	3,550	29,367
		cost	$276,905	$1,520,531	$221,755	$2,890,135	$818,421	$5,727,747
2700	METRO SOUTH	bedday utilization	245	14,449	0	38,946	1,422	55,062
		cost	$59,044	$3,133,222	$0	$6,828,391	$327,829	$10,348,486
2800	SOUTHEAST	bedday utilization	10	1,004	152	1,406	50,630	53,202
		cost	$2,410	$217,714	$28,760	$246,514	$11,672,298	$12,167,696
	child/adol			0			0	0
			$0	$0	$0	$0	$0	$0
9999	Area of tie unknown		194	0	84	8	114	400
			$46,753	$0	$15,894	$1,403	$26,282	$90,331
	TOTAL Beddays		69,140	71,919	60,367	60,623	65,346	327,395
	Average Daily Census		189	197	165	166	179	897

	WORCESTER	WESTBORO	TEWKSBURY	MEDFIELD	TAUNTON	total
FY97 Resources	$25,314,258	$23,440,404	$13,799,484	$18,651,339	$20,699,626	$101,905,111
admin/comm (FY95 cost)	($3,142,809)	($1,769,672)	($2,264,173)	($3,018,197)	($1,520,069)	($11,714,920)
facility support (FY95 cost)	($5,508,942)	($6,075,316)	($113,229)	($5,004,129)	($4,114,616)	($20,816,232)
total inpt and ancillary costs	$16,662,507	$15,595,416	$11,422,082	$10,629,013	$15,064,941	$69,373,959

*FY95 Beddays - Facility resources distributed by program code based on year end FY95 expenditures

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adj hosp bedday worksheet

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5051-0100 Distribution of Resources
Based on Expenditures by Prog Code

Distribution of CMHC Resources for FY97 5051-0100 Account

Approp	Org	Name	Inpatient Costs (A)	Ancillary Costs (B)	Facility Support Costs (C)	Adj Ancillary Costs (D)	Adj Fac Support Costs (E)	Total (A+D+E)	State Operated Acute Inpatient Resources*
50510100	2511	Solomon MHC	$1,437,515	$120,018	$1,280,884	$60,009	$640,442	$2,137,966	$0
50510100	2631	Solomon Carter Fuller	$2,604,460	$184,983	$2,839,665	$92,492	$1,419,832	$4,116,784	$4,116,784
50510100	2641	Lindemann MHC	$3,068,003	$219,678	$854,561	$109,839	$427,281	$3,605,122	$3,605,122
50510100	2651	Mass MHC	$1,049,052	$381,862	$3,081,101	$190,931	$1,540,551	$2,780,533	$2,780,533
50510100	2661	Bay Cove CMHC	$7,526,690	$304,584	$331,640	$152,292	$165,820	$7,844,802	$2,124,518
50510101	2600	Metro Boston	$38,241	$2,443,908	$10,814	$1,221,954	$5,407	$1,265,602	$1,265,602
50510100	2761	Quincy MHC	$1,290,250	$460,830	$538,651	$230,415	$269,325	$1,789,991	$1,789,991
50510100	2851	Corrigan MHC	$1,697,360	$234,015	$751,507	$117,007	$375,754	$2,190,121	$2,190,121
50510100	2971	Pocasset MHC	$1,627,661	$180,154	$380,248	$90,077	$190,124	$1,907,862	$1,907,862
50510101	2800	Southeast			$31,643	$0	$15,822	$15,822	$15,822
			$20,339,230	$4,530,032	$10,069,071	$2,265,016	$5,034,535	$27,638,782	$19,796,353

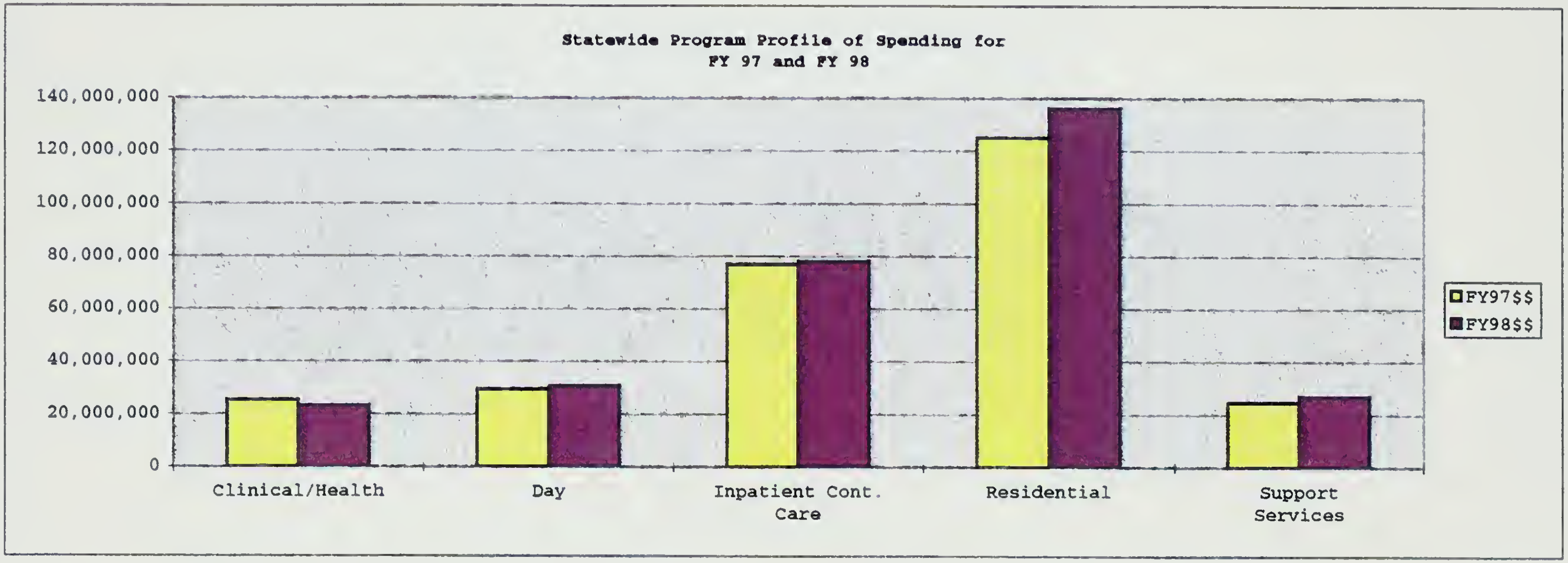
	Adj by Area
Northeast	$0
Metro Boston	$13,892,558
Metro South	$1,789,991
Southeast	$4,113,804
	$19,796,353

* Note: Acute costs of CMHC's are not used in the calculation of continuing care inpatient resources. Some costs for Bay Cove MHC and all the costs for Solomon MHC are classified as continuing care.

Equity Analysis

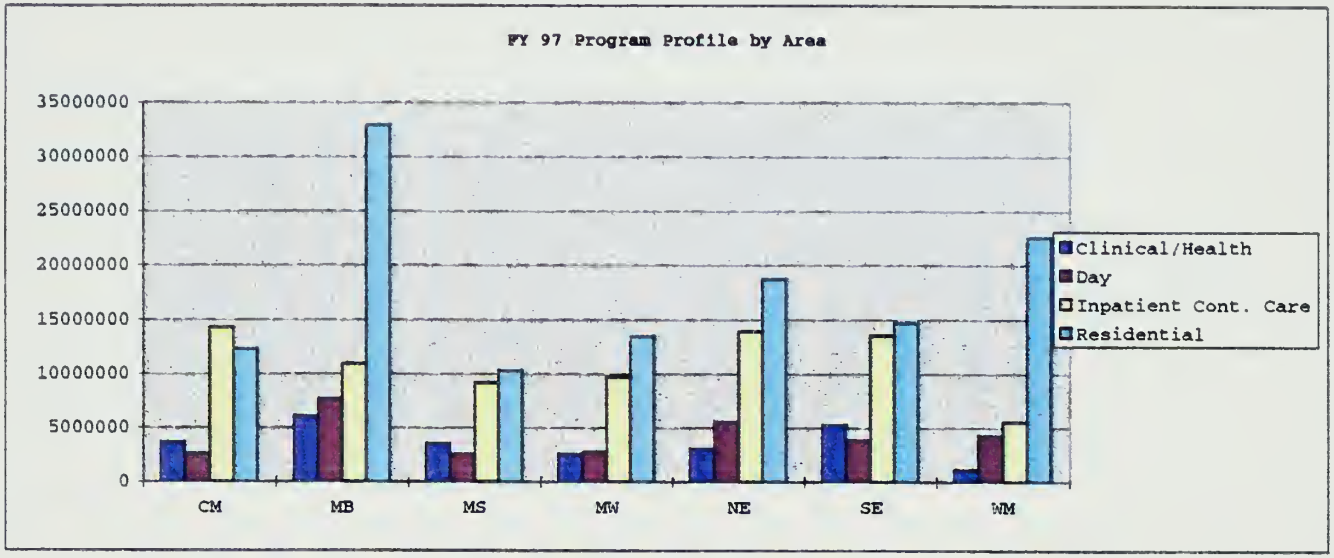
Program Profile of Spending

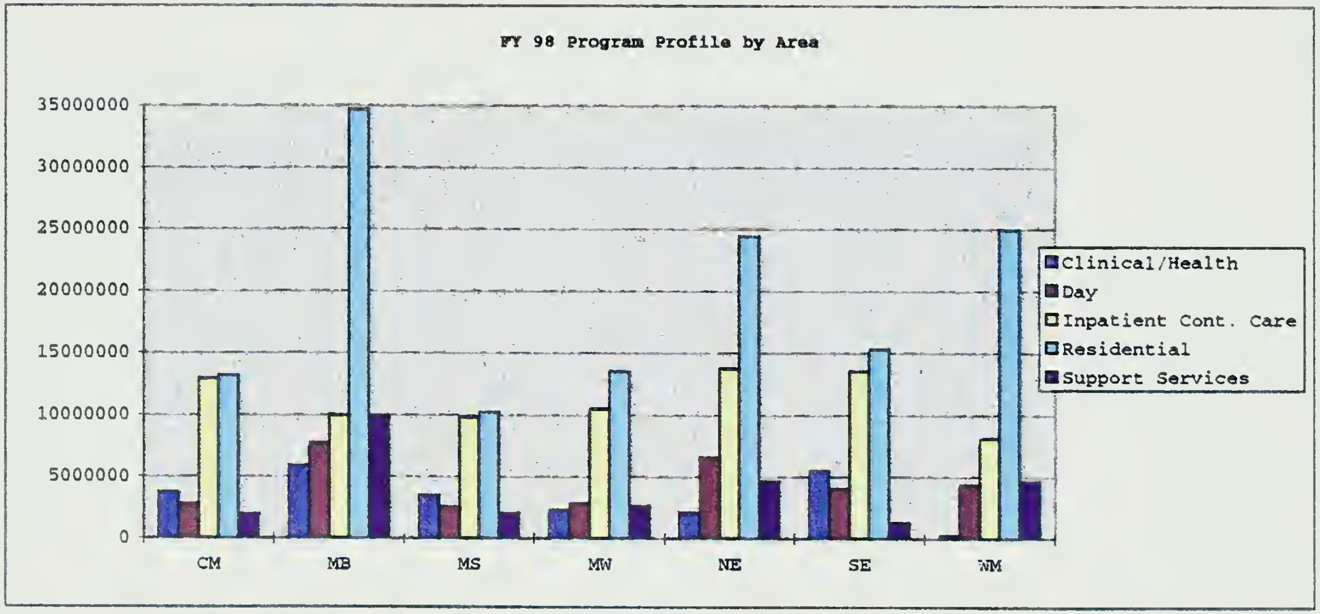
Statewide/Area



Statewide Program Profile of Spending for FY 97 and FY 98

Fiscal Year	Clinical / Health	Day	Inpatient Cont. Care	Residential	Support Services
FY97$ M	25.41	29.55	76.89	125.09	24.78
FY98$ M	23.31	31.00	78.30	136.29	27.08


FY 97 Program Profile by Area


FY 98 Program Profile by Area